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**From : Winston Hsu, Registration No. 41,526**

**Serial No.: 10/709,789**

**Attorney Docket No.: ASTP0039USA**

**Subject: Information Disclosure Statement (IDS)**

**Total Pages: 4 pages (including cover page)**

**Winston Hsu 2006/05/25**

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

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<b>TRANSMITTAL FORM</b>		Application Number	10/709,789
		Filing Date	05/28/2004
		First Named Inventor	Sam Shiao-Shiang Jiang
		Art Unit	2616
		Examiner Name	PHAM, CHI H
(to be used for all correspondence after initial filing)		Attorney Docket Number	ASTP0039USA
Total Number of Pages in This Submission	3		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	North America Intellectual Property Corporation		
Signature	<i>Winston Hsu</i>		
Printed name	Winston Hsu		
Date	5/25/2006	Reg. No.	41,526

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Byron Yen</i>		
Typed or printed name	Byron Yen	Date	5/25/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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Effective on 12/09/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

## FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27
TOTAL AMOUNT OF PAYMENT (\$)**0.00**

### Complete If Known

Application Number	10/709,789
Filing Date	05/28/2004
First Named Inventor	Sam Shiaw-Shiang Jlang
Examiner Name	PHAM, CHI H
Art Unit	2616
Attorney Docket No.	ASTP0039USA

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

##### Total Claims

##### Extra Claims

Fee (\$)

Fee Paid (\$)

##### Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP =

x

=

HP = highest number of total claims paid for, if greater than 20.

##### Indep. Claims

##### Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP =

x

=

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

##### Total Sheets

##### Extra Sheets

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

- 100 =

/ 50

(round up to a whole number) x =

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): submission of Information Disclosure Statement

0.00

### SUBMITTED BY

Signature

*Winston Hsu*

Registration No.

41,526

Telephone 3027291562

Name (Print/Type)

Winston Hsu

Date 5/25/2006

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**Complete If Known**

(Use as many sheets as necessary)

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of

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10/709.789

05/28/2004

### Sam Shiaw-Shiang Jiang

2819

PHAM CHI H

ASTP0039USA

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